



# Yeshiva University

## REGISTRAR • FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY

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### COMMITTEE ACCEPTANCE OF REVISED PSY.D / PH.D DISSERTATION

Student Name: \_\_\_\_\_ YU ID #: \_\_\_\_\_  
                                  Last                    First                    Middle

Program: \_\_\_\_\_ Degree: \_\_\_\_\_ Expected Grad Date: \_\_\_\_\_

Title: \_\_\_\_\_  
\_\_\_\_\_

I have examined the above student’s (  ) Psy.D (  ) Ph.D and certify that it includes all revisions which were required to be made. I hereby recommend that it be accepted in partial fulfillment of the requirements for his/her degree.

Print Name of Chairperson: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_